## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/07/2014	Address:	2000 E. 29 <sup>th</sup> St. TRL 2	
Incident #:	14ISPC001027		Muncie, Indiana	
County:	Delaware		47302	
Type of Lab	oratory Seizure (check one)	Seizure Location	(check all that apply)	
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		<ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul>	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☑ Other: <u>Outside Trash.</u></li></ul>	
(check all that	: Location (bedroom, kitchen, open air, apply) r Birch Reaction(s): Outside Trash.	etc)		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s): Outside Trash.				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrou	s Ammonia:			
☐ Corrosive	Acid:		•	
Corrosive	Base:	<i>*</i>		
Other (iter	m and location):			
Vehicle Info	rmation:			
Owner: VIN: Year:	N/A N/A N/A	Make: Model:	N/A N/A	
Child under age 18 discovered (check appropriate)  Yes (number present)  No  Children not present but evidence they reside or visit often		unclean Estimated ler occurring: N	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: N/A Additional Information: N/A	
This report h	as been faxed* or emailed to the fo	llowing agencies tha	nt serve the location:	
Health Depart	ent City, Township or County <u>Muncie</u> ment County: <u>Delaware County</u> f Child Services Hotline: <u>dcshotlinere</u>	Fax: <u>(765)</u>	Fax: <u>N/A</u> 747-7747 ox: 317-234-7595 or 317-234-7596	
	rmation regarding this methamphetar fficer: <u>Thomas Harbison</u> Phon	mine laboratory, cont e <u>765-778-2121</u>	act	

<sup>\*</sup>This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.